

***MINE LICENSE APPLICANT'S AFFIDAVIT:  
DRUG-FREE WORKPLACE PROGRAM***

This affidavit is completed by the mine license applicant in order to document that the license applicant/employer provides a drug free workplace program, and in order to request certification of the program by the Division of Mine Safety.	LICENSEE/EMPLOYER NAME:  MINE LICENSE NUMBER:
---	---

I, \_\_\_\_\_, being first duly sworn, state to  
(type or print name)

the best of my knowledge and belief that all the following information is true:

1. I am the owner or chief executive officer of \_\_\_\_\_,  
(name of license applicant)

which provides a Drug-Free Workplace Program by:  
(Check all applicable boxes):

Providing a copy of a statement to each employee at the mine and posting the statement in a prominent place at the mine:

(a) notifying employees that the unlawful manufacture, distribution, dispensation, possession, or use of alcohol or a controlled or illicit substance is prohibited in the mine; and

(b) specifying the actions that will be taken against employees for violations of such prohibition.

Establishing an alcohol and substance abuse education and awareness training program for all employees and supervisory personnel which meets the minimum requirements of 805 KAR 11:020, Section 2(1).

Establishing a program that includes alcohol and drug testing performed in accordance with the provisions of 805 KAR 11:020, Section 2 (2) through (6)

Providing an Employee Assistance Program which includes professional assessment of employee personal concerns; confidential and timely identification services with regard to employee alcohol or substance abuse; referrals of employees for appropriate diagnosis, treatment and assistance with regard to employee alcohol or substance abuse; and follow-up services for employees who participate in a drug or alcohol rehabilitation program.

Maintaining a drug-free workplace throughout its workers compensation insurance policy period.

Maintaining the drug free workplace program in compliance with all applicable federal and state laws and regulations.

2. Copies of the following documents are attached to this Affidavit:

- (a) the licensee's written drug free workplace policy;
- (b) a statement identifying each alcohol and drug test that will be conducted;
- (c) a statement describing the licensee's Employee Assistance Program;
- (d) a description of the alcohol and substance abuse education and awareness training program for employee and supervisory personnel; and
- (e) a statement describing the confidentiality of the licensee's drug-free workplace program.

3. As a duly authorized agent of the license applicant named above, I hereby certify:

- (a) that the frequency and duration of each employee and supervisor training session meets the requirements of 805 KAR 11:020, Section 2(1);
- (b) that all employees and supervisory personnel have participated or will participate during the calendar year in the required alcohol and substance abuse education and awareness training;
- (c) that all independent contractors that provide personnel who are required to be certified pursuant to KRS 351.102 will comply with the provisions of the licensee's Drug Free Workplace program; and
- (d) the information I have provided in this Affidavit is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

Subscribed and sworn to before me by \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public \_\_\_\_\_

My Commission expires: \_\_\_\_\_